



DVHA Pharmacy Newsletter

News and Updates

June 2015

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IMPORTANT NOTICE VERMONT MEDICAID PHARMACY PROVIDERS

Long Term Care (LTC) Pharmacy Claims

The Department of Vermont Health Access and Goold Health Systems (GHS) would like to clarify the use of residence code 03 and appropriate member co-pays for members residing in long-term care facilities.

Prior to 5/1/15 GHS was matching the LTC segment in eligibility with the residence code 03 upon submission. Effective 5/1/15 GHS will now allow the residence code of 03 to be submitted even if the member does not have a LTC segment within the Department's eligibility file.

The following rules will apply when a LTC claim for Medicaid members is submitted for processing in the pharmacy POS system. It is the LTC eligibility that drives the co-pay responsibility for members.

1. If the member has a valid LTC segment in eligibility and the pharmacy sends the patient residence code of 03 the claim will pay without a copay.
2. If the member has a valid LTC segment in eligibility and the pharmacy does NOT send a patient residence code of 03 the claim will pay without a co-pay,
3. If the member does NOT have a valid LTC segment in eligibility and the pharmacy sends a residence code of 03, the claim will pay with a co-pay.

In addition, please note the following for Medicare-eligible members:

1. If the member is a Medicare-Medicaid Dual Eligible and the drug is a Medicare Part D excluded drug, the member will have a copayment.
2. VPharm members residing in LTC facilities are not exempt from copays, because they do not have Medicaid LTC eligibility.

RA Adjustments to previously paid Part D claims

Providers may see adjustments to previously paid claims on their 5/29/15 Remittance Advice. Goold Health Systems (GHS) reported that some VPharm claims that were previously submitted with Other Payer Patient Responsibility Amounts (OPPRA) Field (352-NQ) less than the calculated ingredient cost may have led to overpayments. DVHA has asked GHS to adjust those claims manually requiring no reprocessing at the pharmacy. For questions, please contact GHS Pharmacy POS Call Center Help Desk 1-844-679-5362.

Over-the-Counter (OTC) Drugs List

DVHA and GHS have updated the Over-The-Counter (OTC) Covered Drug List effective 04/30/2015. The 196 page document includes Drug Category, Generic Drug Description, Labeler Name, NDC, Brand/Generic, Product Description and whether a Prior Authorization (PA) is required.

This list can be found on the Department of Vermont Health Access (DVHA) website at <http://dvha.vermont.gov/for-providers/vermontotcweblis.pdf>

“Reference Guideline” Insert

DVHA has created a one page “Reference Guideline” sheet for the Pharmacy Community that participates with Vermont Medicaid. The reference sheet will allow you to keep important information within a close proximity for your day to day use. This insert includes Contact Number, BIN-PCN, Point-of-Service (POS) Guidelines for claims submission for CMS Excluded Drugs, Over the Counter (OTC) Drugs, Diabetic Supplies, Secondary Claims, Part B Claims and helpful links.

New DUR Board Members

We are pleased to announce Michael A. Biddle, Jr., Pharm.D., BCPP as our newest Board member. Michael is a Board Certified Pharmacy Specialist holding a Pharmacist License in Vermont and West Virginia. Michael started with the Board last October and he is currently an Assistant Professor at the Albany College of Pharmacy and Health Sciences in Colchester and maintains a pharmacy practice with Richmond Family Medicine.

In addition, Louise Moon Rosales, APRN and Clayton English, Pharm D., BCPP will be joining the Board in June. Louise is a Family Nurse Practitioner with 16 years of experience. Louise is currently practicing psychiatric-mental health at Richmond Family Medicine. Clayton is an Assistant Professor at the Albany College of Pharmacy and Health Sciences in Colchester. Other academic appointments for Clayton include Adjunct Assistant Professor of Psychiatry and Adjunct Assistant Professor of Nursing with the UVM School of Medicine.

Please join us in welcoming our newest DUR Board members!

Other Current Board Members include:

- James Marmar, R.Ph., Pharmacist
- Janet Farina, R.Ph., Pharmacist

- Jaskanwar S. Batra, M.D., Psychiatry
- Joseph Lasek, M.D., Psychiatry-Chair
- Mark Pasanen, M.D., Internist

More information on the DUR Board can be found at <http://dvha.vermont.gov/advisory-boards>

Reminders

Member Name/Date of Birth Validation

Effective 03/19/2015, DHVA will implement new validation edits within the Pharmacy claims system for both member name and date of birth.

If the first 3 characters of the submitted first name don't match the member's eligibility record:

- NCPDP Reject Code: CA: M/I PATIENT FIRST NAME
- Message: "Please call GMC Eligibility Verification System
1-800-925-1706; press #1"

If the first 8 characters of the submitted last name don't match the member's eligibility record:

- NCPDP Reject Code: CB: M/I PATIENT LAST NAME
- Message: "Please call GMC Eligibility Verification System
1-800-925-1706; press #1"

If the Unique Identifier on the claim does not match the eligibility record:

- NCPDP Reject Code: 07: M/I CARDHOLDER ID
- Message: "Please call GMC Eligibility Verification System
1-800-925-1706; press #1"

If the Date of Birth on the claim does not match the member's eligibility record:

- NCPDP Reject Code: 09: M/I Date of Birth
- Message: "Please call GMC Eligibility Verification System
1-800-925-1706; press #1"

If you have any questions or concerns you may contact the GHS Pharmacy POS Call Center Help Desk 1-844-679-5362 .

Oxycodone and Hydromorphone Immediate Release Products **Daily Quantity Limits and First Fill Days' Supply Limit**

As a reminder, effective 11/05/2014, Oxycodone IR is limited to 12 dosage units/day and hydromorphone IR is limited to 16 dosage units/day. Patients identified as filling prescriptions routinely that exceed the new daily quantity limits were given temporary prior authorizations to override the quantity limit edits, in order to give providers time to evaluate these dosage levels. These PAs expired in January, 2015 and a PA is required if exceeding the limits listed above.

In addition, for patients who have not filled a prescription for these products in the last 45 days, the **initial fill** is limited to a 14 day supply. Initial fill limits (but no quantity limits) also apply to oral liquid solutions of oxycodone and hydromorphone.

The requirement for the initial fill limit will be implemented on 3/20/15. This will apply to members who either have a new prescription for these products, or who have not had a prescription filled in the last 45 days for these products. Approval for prescriptions exceeding daily quantity limits will be assessed on a patient by patient basis after relevant clinical information supporting the request is provided by the prescriber through Prior Authorization.

2015 Preferred Diabetic Supply Listing

Effective 1/1/2015 the Preferred Diabetic Supply Listing has been updated. In addition to the outline below, the listing can be found on DVHA's website at <http://dvha.vermont.gov/for-providers/vermont-dvha-2015-preferred-diabetic-supply-listing.pdf>

TEST STRIPS:

Manufacturer	NDC/HRI	Product description
Abbott Diabetes Care Sales Corporation	57599-0745-01	Precision Xtra Beta Ketone Test Strips-10 count
Abbott Diabetes Care Sales Corporation	99073-0120-50	FreeStyle Test Strips- 50 ct
Abbott Diabetes Care Sales Corporation	99073-0121-01	FreeStyle Test Strips- 100 ct
Abbott Diabetes Care Sales Corporation	99073-0708-22	FreeStyle Lite Test Strips- 50 ct
Abbott Diabetes Care Sales Corporation	99073-0708-27	FreeStyle Lite Test Strips- 100 ct
Abbott Diabetes Care Sales Corporation	57599-9728-04	Precision Test Strips- 50 ct
Abbott Diabetes Care Sales Corporation	57599-9877-05	Precision Test Strips- 100 ct
Abbott Diabetes Care Sales Corporation	99073-0712-31	FreeStyle InsuLinx Test Strips- 50 ct
Abbott Diabetes Care Sales Corporation	99073-0712-27	FreeStyle InsuLinx Test Strips- 100 ct
LifeScan, Inc.	53885-0244-50	OneTouch Ultra Test Strips
LifeScan, Inc.	53885-0245-10	OneTouch Ultra Test Strips
LifeScan, Inc.	53885-0994-25	OneTouch Ultra Test Strips

METERS:

Manufacturer	NDC/HRI	Product Description
Abbott Diabetes Care Sales Corporation	57599-8814-01	Precision Xtra Meter
Abbott Diabetes Care Sales Corporation	99073-0708-05	FreeStyle Lite System Kit
Abbott Diabetes Care Sales Corporation	99073-0709-14	FreeStyle Freedom Lite System Kit
Abbott Diabetes Care Sales Corporation	99073-0711-43	Freestyle InsuLinx Meter
LifeScan, Inc.	53885-0208-01	OneTouch Ultra Mini Kit
LifeScan, Inc.	53885-0419-01	OneTouch Ultra Mini Kit
LifeScan, Inc.	53885-0420-01	OneTouch Ultra Mini Kit
LifeScan, Inc.	53885-0421-01	OneTouch Ultra Mini Kit
LifeScan, Inc.	53885-0448-01	OneTouch Ultra 2 Kit
LifeScan, Inc.	53885-0524-01	OneTouch Ultra Smart Meter
LifeScan, Inc.	53885-0911-01	OneTouch Ultra Mini Kit
LifeScan, Inc.	53885-0912-01	OneTouch Ultra Mini Kit

LANCETS:

Manufacturer	NDC/HRI	Product Description
LifeScan, Inc.	53885-0046-10	OneTouch FinePoint Lancets 100 count
LifeScan, Inc.	53885-0143-01	OneTouch Delica Lancets 100 count
LifeScan, Inc.	53885-0393-10	OneTouch UltrSoft Lancets 100 count
LifeScan, Inc.	53885-0595-01	OneTouch Delica 30G Lancets 100 count

GHS Help Desk Contact

In addition to the GHS Help Desk provider phone line of 1-844-679-5362, Vermont Pharmacy providers can now send inquiries via email to vthelpdesk@ghsinc.com